



## UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
 Address: COMMISSIONER FOR PATENTS  
 P.O. Box 1450  
 Alexandria, Virginia 22313-1450  
 www.uspto.gov

## BIB DATA SHEET

CONFIRMATION NO. 7655

|  |   |  |   |  |                           |                                 |
|--|---|--|---|--|---------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>10/717,995   | <b>FILING or 371(c) DATE</b><br>11/20/2003<br><b>RULE 1.47</b>  | <b>CLASS</b><br>455  | <b>GROUP ART UNIT</b><br>2617   | <b>ATTORNEY DOCKET NO.</b><br>TAN-2-1514.01.US |                           |                                 |
| <b>APPLICANTS</b><br>James A. Proctor JR., Melbourne Beach, FL;<br>Pertti O. Alapuranen, Indialantic, FL;<br><b>** CONTINUING DATA *****</b><br>This application is a CIP of 09/898,514 07/03/2001 PAT 7,006,428<br>which claims benefit of 60/219,789 07/19/2000<br>This application 10/717,995 11/20/2003<br>claims benefit of 60/427,847 11/20/2002<br><b>** FOREIGN APPLICATIONS *****</b><br><b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>02/19/2004 |   |  |   |  |                           |                                 |
| Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Verified and /UN C CHO/<br>Acknowledged Examiner's Signature  |   | <input type="checkbox"/> Met after Allowance<br>UC<br>Initials | <b>STATE OR COUNTRY</b><br>FL   | <b>SHEETS DRAWINGS</b><br>9                    | <b>TOTAL CLAIMS</b><br>29 | <b>INDEPENDENT CLAIMS</b><br>11 |
| <b>ADDRESS</b><br>VOLPE AND KOENIG, P.C.<br>DEPT. ICC<br>UNITED PLAZA, SUITE 1600<br>30 SOUTH 17TH STREET<br>PHILADELPHIA, PA 19103<br>UNITED STATES   |   |  |   |  |                           |                                 |
| <b>TITLE</b><br>Method and apparatus for allowing soft handoff of a CDMA reverse link utilizing an orthogonal channel structure  |   |  |   |  |                           |                                 |
| <b>FILING FEE RECEIVED</b><br>1750   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees (Filing)<br><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)<br><input type="checkbox"/> 1.18 Fees (Issue)<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |                           |                                 |